

General

Title

Antidepressant medication management (effective continuation phase treatment): percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 180 days (6 months).

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 180 days (6 months).

See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure [Antidepressant medication management \(effective acute phase treatment\): percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 84 days \(12 weeks\)](#).

Rationale

In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression (National Institute of Mental Health, 2006). Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes. Fortunately, many people can improve through treatment with appropriate medications.

According to the American Psychiatric Association (APA) (2000), successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient and close adherence to treatment plans. Treatment consists of an *acute phase*, during which remission is induced; a *continuation phase*, during which remission is preserved; and a *maintenance phase*, during which the susceptible patient is protected against the recurrence of a subsequent major depressive episode.

When pharmacotherapy is part of the treatment plan, it must be integrated with the psychiatric management and any other treatments that are being provided. Patients who have started taking an antidepressant medication should be carefully monitored to assess their response to pharmacotherapy as well as the emergence of side effects, clinical condition and safety. Factors to consider when determining the frequency of patient monitoring include the severity of illness, the patient's cooperation with treatment, the availability of social supports and the presence of comorbid general medical problems. In practice, the frequency of monitoring during the acute phase of pharmacotherapy can vary from once a week in routine cases to multiple times per week in more complex cases.

Patients who have been treated with antidepressant medications in the acute phase should be maintained on these agents to prevent relapse (APA, 2000).

Evidence for Rationale

American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder. Arlington (VA): American Psychiatric Association (APA); 2000.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Institute of Mental Health. 2000. Depression (NIH publication No. 00-3561). Bethesda (MD): National Institute of Mental Health, U.S. Department of Health and Human Services; 2006 Sep 13.

Primary Health Components

Major depression; medication management; antidepressants; continuation phase treatment

Denominator Description

Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression and were treated with antidepressant medication during the Intake Period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

At least 180 days (6 months) of continuous treatment with antidepressant medication beginning on the Index Prescription Start Date (IPSD) through 231 days after the IPSD (232 total days) (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

- Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 11th leading cause of death in the United States (U.S.) each year (National Alliance on Mental Illness [NAMI], 2013; Centers for Disease Control and Prevention [CDC], 2012). Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects (Birnbaum et al., 2010).
- In a given year, major depression affects 6.7 percent of the U.S. adult population (approximately 14.8 million American adults) (National Institute of Mental Health [NIMH], 2012).
- Severity of major depression is significantly associated with poor work performance (Birnbaum et al., 2010). Lost work productivity costs the U.S. up to \$2 billion monthly (Birnbaum et al., 2010).
- Effective medication treatment of major depression can improve a person's daily functioning and well-being, and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

Evidence for Additional Information Supporting Need for the Measure

Birnbaum HG, Kessler RC, Kelley D, Ben-Hamadi R, Joish VN, Greenberg PE. Employer burden of mild, moderate, and severe major depressive disorder: mental health services utilization and costs, and work performance. *Depress Anxiety*. 2010;27(1):78-89. [PubMed](#)

Centers for Disease Control and Prevention (CDC). Suicide facts at a glance 2012. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2012 [accessed 2014 Jun 20].

National Alliance on Mental Illness (NAMI). Major depression fact sheet: what is major depression?. [internet]. Arlington (VA): National Alliance on Mental Illness (NAMI); 2013 [accessed 2014 Jun 20].

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Institute of Mental Health (NIMH). The numbers count: mental disorders in America. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2012 [accessed 2014 Jun 20].

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All

measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Behavioral Health Care

Emergency Department

Hospital Inpatient

Hospital Outpatient

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, who were treated with antidepressant medication (refer to Table AMM-C in the original measure documentation for a list of antidepressant medications) during the Intake Period and meet any of the following criteria:

An outpatient visit, intensive outpatient encounter or partial hospitalization with any diagnosis of major depression. Either of the following code combinations meets criteria:

AMM Stand Alone Visits Value Set *with* Major Depression Value Set

AMM Visits Value Set *with* AMM POS Value Set *and* Major Depression Value Set

An emergency department (ED) visit (ED Value Set) with any diagnosis of major depression (Major Depression Value Set)

An acute or nonacute inpatient discharge with any diagnosis of major depression (Major Depression Value Set). To identify acute and nonacute inpatient discharges:

Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)

Identify the discharge date for the stay

For a direct transfer, use the discharge date from the facility where the member was transferred.

Note:

Members must have been continuously enrolled 105 days prior to the Index Prescription Start Date (IPSD) through 231 days after the IPSD.

Allowable Gap: One gap in enrollment of up to 45 days. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

Intake Period: The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.

Negative Medication History: A period of 105 days prior to the IPSD when the member had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.

IPSD: The earliest prescription dispensing date for an antidepressant medication during the Intake Period.

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Exclude members who did not have a diagnosis of major depression in an inpatient, outpatient, ED, intensive outpatient or partial hospitalization setting during the 121-day period from 60 days prior to the IPSD, through the IPSD, and the 60 days after the IPSD.

Exclude members who filled a prescription for an antidepressant medication 105 days prior to the IPSD.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

At least 180 days (6 months) of continuous treatment with antidepressant medication beginning on the Index Prescription Start Date (IPSD) through 231 days after the IPSD (232 total days). Refer to Table AMM-C in the original measure documentation for a list of antidepressant medications.

Continuous treatment allows gaps in medication treatment up to a total of 51 days during the 232-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Note: *IPSD*: The earliest prescription dispensing date for an antidepressant medication during the period of 30 days prior to the Index Episode Start Date (IESD) (inclusive) through 14 days after the IESD (inclusive).

Exclusions

Members whose medication treatment gap days exceed 51 during the 232-day period. Regardless of the number of gaps, there may be no more than 51 gap days. Count any combination of gaps.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Episode of care

Data Source

Administrative clinical data

Pharmacy data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Antidepressant medication management (AMM): effective continuation phase treatment.

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Behavioral Health

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Apr 4

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI on June 30, 2003. The information was verified by the measure developer on July 25, 2003.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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